

**ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Thomas G. Eschweiler, Reg. No. 36, 981
 Eric M. Highman, Reg. No. 43,672
 Gregory J. Adams, Reg. No. 44,494
 William J. Cooper, Reg. No. 44,629
 Denis Robitaille, Reg. No. 34,098

The undersigned to this declaration and power of attorney hereby authorizes the U.S. attorney(s) named herein to accept and follow instructions from

Name(s) of authorized representative(s) _____

Address _____

as to any actions to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney(s) and the undersigned. In the event of a change in the person(s) from whom instructions may be taken, the U.S. attorney(s) will be so notified by the undersigned.


Send Correspondence To:

Direct Telephone Calls To:
 (name and telephone number)

Thomas G. Eschweiler
 ESCHWEILER & ASSOCIATES, LLC
 National City Bank Building
 629 Euclid Avenue, Suite 1210
 Cleveland, Ohio 44114

Thomas G. Eschweiler
 (216) 502-0600

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued therein.

Full name of sole or first inventor: Andrew M. Ray
 Inventor's signature: 
 Date: 1/21/04 Country of Citizenship: U.S.A.
 Residence: Newburyport, Massachusetts
 Post Office Address: 155 Northern Boulevard
Newburyport, Massachusetts 01950

Full name of second joint inventor, if any: _____
 Inventor's signature: _____
 Date: _____ Country of Citizenship: _____
 Residence: _____
 Post Office Address: _____

CHECK FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH
 FORM A PART OF THIS DECLARATION

☒ This declaration ends with this page.